

RENEWAL INFORMATION

1/2

NAME OF QUALIFIED INTERMEDIARY* _____

NAME PER "FIRST AGREEMENT" (COMPLETE ONLY IF NAME IS
DIFFERENT THAN ABOVE) _____

PLEASE PROVIDE EXPLANATION FOR THE NAME CHANGE (E.G.
MERGER, REORGANIZATION, ETC.):

NAME CHANGE INFORMATION SHOULD BE VERIFIED WITH IRS BY
CONTACTING:

MAUREEN DAVIS, ASSOCIATE TECHNICAL ADVISOR
290 BROADWAY, 12TH FLOOR, NEW YORK, NY 10007-1867
TELEPHONE: 212-298-2120, FAX: 212-298-2106
E-MAIL: MAUREEN.C.DAVIS@IRS.GOV

ADDRESS: _____

QI EIN: _____

NAME OF RESPONSIBLE PARTY: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

- FOR GROUP RENEWAL ATTACH SCHEDULE (INCLUDE RENEWAL INFORMATION FOR EACH AFFILIATE)
- PROVIDE LIST OF PAI CONTRACTS IN FORCE INCLUDING THE NAME AND ADDRESS OF THE PAI (IF APPLICABLE)